



The Commonwealth of Massachusetts  
Office of the Attorney General  
One Ashburton Place  
Boston, Massachusetts 02108

## **OPEN MEETING LAW COMPLAINT FORM**

### **Instructions for completing the Open Meeting Law Complaint Form**

The Office of the Attorney General's Division of Open Government is responsible for interpreting and enforcing the Open Meeting Law. Pursuant to G.L. c. 30A, §23, the Open Meeting Law requires that, prior to filing a complaint with the Attorney General, complaints must first be filed with the public body that is alleged to have committed the violation. The complaint must be filed with the public body within 30 days of the alleged violation, or if the alleged Open Meeting Law violation could not reasonably have been known at the time it occurred, then within 30 days of the date it should reasonably have been discovered. The complaint must set forth the circumstances which constitute the alleged violation, giving the public body an opportunity to remedy the alleged violation.

Please complete the entire form, providing as much information as possible, to assist the public body in responding to your complaint. You may attach additional materials to your complaint if necessary. The public body may request additional information if necessary. The Division of Open Government will not, and public bodies are not required to, investigate anonymous complaints.

Complaints alleging a violation of the Open Meeting Law by a local public body must be filed with the clerk of the city or town where the alleged violation occurred. Complaints alleging a violation by a county, regional or state public body must be filed with the chair of the public body.

If you are not satisfied with the action taken by the public body in response to your complaint, you may file a copy of your complaint with the Attorney General 30 days after filing your complaint with the public body. The complaint must include this form and any documents relevant to the alleged violation. A complaint may be filed either by mail or by hand with the:

Office of the Attorney General  
Division of Open Government  
One Ashburton Place  
Boston, MA 02108

The Attorney General may decline to investigate a complaint that is filed with the Attorney General more than 90 days after the alleged OML violation, unless an extension was granted to the public body or the complainant demonstrates good cause for the delay.



## OPEN MEETING LAW COMPLAINT FORM

Office of the Attorney General  
One Ashburton Place  
Boston, MA 02108

Please note that all fields are required unless otherwise noted.

### Your Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_

Email: \_\_\_\_\_

Organization or Media Affiliation (if any): \_\_\_\_\_

Are you filing the complaint in your capacity as an individual, representative of an organization, or media?

(For statistical purposes only)

☐ Individual

☐ Organization

☐ Media

### Public Body that is the subject of this complaint:

☐ City/Town

☐ County

☐ Regional/District

☐ State

Name of Public Body (including city/  
town, county or region, if applicable): \_\_\_\_\_

Specific person(s), if any, you allege  
committed the violation: \_\_\_\_\_

Date of alleged violation: \_\_\_\_\_

## Description of alleged violation:

Describe the alleged violation that this complaint is about. If you believe the alleged violation was intentional, please say so and include the reasons supporting your belief.

Note: This text field has a maximum of 3000 characters.

What action do you want the public body to take in response to your complaint?

Note: This text field has a maximum of 500 characters.

## Review, sign, and submit your complaint

**Read this important notice and sign your complaint.**

Under most circumstances your complaint will be considered a public record and be available to any member of the public upon request.

I understand that when I submit this complaint the Attorney General's Office cannot give me legal advice and cannot act as my personal lawyer.

I certify that the information contained on this form is true to the best of my knowledge.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*For Use By Public Body  
Date Received by Public Body:*

*For Use By AGO  
Date Received by AGO:*